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Deposited in DRO:

26 March 2013

Version of attached file:

Accepted Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Devanney, C. and Wistow, R. (2013) 'Mapping the implementation of Children's Trust arrangements.', *Journal of children's services.*, 8 (1). pp. 65-77.

Further information on publisher's website:

<http://dx.doi.org/10.1108/17466661311309790>

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Mapping the implementation of Children's Trust arrangements

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Acknowledgements

Department of Health and Department for Children, Schools and Families funded national survey of children's and maternity services in England.

Structured Abstract

Purpose: The paper explores findings from the children's services mapping (CSM) policy monitoring exercise on the implementation of Children's Trust arrangements in England in 2008 and 2009. It outlines progress made in implementation in light of current debates on Children's Trusts and partnership working, considering where and why implementation was more and less well developed. The future of partnership working in children's services and the role of the data collection in public service policy monitoring are discussed.

Methodology: Responses are from a sub-set of 74 local authorities to a self-completion questionnaire on Children's Trust implementation in 2008 and 2009 as part of the CSM annual policy monitoring exercise.

Findings: Findings, presented within the context of Government policy on children's services reform and literature on partnership working, indicate increases in the number of Children's

Trusts implementing joint and strategic working. However, not all agencies under a statutory duty were represented on the Board and joint commissioning arrangements had declined.

Research limitations/implications: The findings and discussion consider the limitations of the method of data collection.

Originality/Value: This paper presents the most recent information on implementing Children's Trust arrangements drawing on responses from 49% of local authority areas. Data from two years of the CSM collection alongside earlier research findings indicate progress at the strategic level, but careful reading of the data and literature also suggest an increasingly challenging environment for establishing and maintaining partnership working within children's services.

Keywords

Children's Trusts, partnership working, children's services, policy monitoring, joint commissioning

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Introduction

Children's services mapping (CSM) was a national annual data collection project set up to monitor progress in the implementation of policies within the Every Child Matters: Change for Children reform programme and establish what was provided within local areas. The aim of this paper is to examine whether progress was being made in the implementation of Children's Trust strategic partnership arrangements as outlined in national guidance, and monitored through the CSM exercise. The paper explores the findings of the responses of 74 local authorities to this Children's Trust survey in two years (2008 and 2009). In so doing, the research questions this paper aims to address are: what evidence does the data provide to support debates in the Children's Trust and broader partnership working literature; was progress being made in implementing Children's Trust arrangements; and in what areas did the data indicate that implementation was less developed. The role of a data collection exercise in public service policy monitoring is also explored. The findings show a high level of multiagency representation on Children's Trust Boards of those agencies under a statutory duty to cooperate in the arrangement, in particular agencies that came under an extended statutory duty during the two-year period. However, not all agencies were represented. Progress was also reported in the implementation of Joint Strategic Needs Assessments (JSNA). In contrast, fewer joint commissioning arrangements were reported in 2009 than in 2008 suggesting the start of an increasingly challenging context for establishing and maintaining joint working arrangements.

Children's services reform

The Labour government's (1997-2010) reform of children's services in England had two core and interrelated aims. One aim was to improve wellbeing and outcomes for all children and young people to ensure that they fulfilled their potential. This included a commitment to tackle child poverty, through initiatives such as Sure Start, and addressing the unequal life chances for children from poor backgrounds (Davies and Ward, 2012). The other aim was to provide additional support to safeguard the most vulnerable children and young people in society. Lord Laming's report (2003) in response to the death of Victoria Climbié found problems raised by numerous child abuse inquiries over 30 years, including lack of coordination and clear accountability, effective working and information sharing between agencies; poor management and inadequate training of front-line workers, had still not been overcome (Davies and Ward, 2012) and some of these were raised again in Laming's second report (2009) following the death of Peter Connelly.

Every Child Matters (DfES, 2004) and The National Service Framework for Children, Young People and Maternity Services (DH and DfES, 2004) formed the basis of a ten year Change for Children programme to reform the child welfare system, along with subsequent documents including the Children's Plan (DCSF, 2007) and Healthy lives, brighter futures (DH and DCSF, 2009). The five cross-cutting Every Child Matters outcomes – be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being – were central to the programme and were to be achieved through integrated working. There was a recognition that children and young people's needs were often complex, overlapping and fluid; that issues did not always fit into organisational and professional boundaries; and that child protection could not be separated from policies to improve children's lives as a whole (DfES, 2004; Frost and Stein, 2009; Hudson, 2005a).

The reforms were described as “an unprecedented policy shift in welfare services for children towards integration at every level” (Gardner, 2006: 373) and the “most radical transformation in 50 years” (Hudson, 2006: 227). There was “strong top-down determination” to make the local restructuring work (Hudson, 2005a: 12), a “strong emphasis on leadership” (Frost, 2009: 55) and reforms were tied into performance monitoring with services expected to evidence progress of how their work improved outcomes across a set of performance indicators (Davies and Ward, 2012; Frost, 2009; Hudson, 2005b). The Children Act (2004) provided the legislation for the reforms setting out the statutory appointment of a Director for Children’s Services and Lead Member for Children; the integration of education and social care departments; the establishment of Local Safeguarding Children Boards and the duty to cooperate to improve wellbeing which provided the foundations for Children’s Trust arrangements.

Children’s Trusts partnerships

Partnerships have been defined as “involving two or more organisations, groups or agencies that together identify, acknowledge and act to secure one or more common objective, interest or area of inter-dependence; but where autonomy and separate accountability arrangements of the partner organisations are in principle retained” (Glendinning *et al.*, 2005: 370). The Labour government regarded partnerships as positive and desirable and espoused them in national social policy as the way to improve outcomes (Allnock *et al.*, 2006; Ball *et al.*, 2010; Balloch and Taylor, 2001; Glendinning *et al.*, 2005; Perkins *et al.*, 2010). Partnerships and multi-agency working continue to be promoted by the Coalition Government but with an apparently greater emphasis on local determination (DH, 2010, 2012; DWP and DfE, 2011; Hudson, 2011).

Partnerships have been identified as an effective way of delivering services for people with complex problems and people needing multiple and repeated services (Ball *et al.*, 2010). They can reduce departmentalisation between agencies, professional silos, and divisions and fragmentation in service delivery; remove structural constraints to allow pooling of resources; identify and reduce wastage on resources and the sharing of responsibility and reduction of organisational stress (Ball *et al.*, 2010; Balloch and Taylor, 2001; Canavan *et al.*, 2009; Glendinning *et al.*, 2005). However, the NHS and local government operate, “from hardened silos because that has been a fundamental and intended characteristic of their basic design” (Wistow, 2011: 3). Canavan *et al.* (2009: 377) identified that in the Republic of Ireland the ideals of integrated working are “in many cases quite distant from the realities, reflecting the complexity and challenging nature of these concepts in theory and practice”. Furthermore, some argue there is little empirical evaluative evidence on the cost, effectiveness and impact of partnerships in improving outcomes to confirm it as a more effective approach to agencies working separately (Allnock *et al.*, 2006; Ball *et al.*, 2010; Canavan *et al.*, 2009; Frost and Stein, 2009; Glendinning *et al.*, 2005).

Local Children’s Trusts partnerships were conceived to establish whole system integration, “delivering a greater mutual and overall accountability for children's welfare” (Gardner, 2006: 374). Through interagency governance and strategies, shared processes and multi-agency front line delivery, Children’s Trust would ensure services covered all aspects of children and young people's lives to avoid issues going undetected or unaddressed. In addition, resources and information were to be shared to minimise duplication and repetition for agencies, professionals and families (O’Brien *et al.*, 2009). Although intended to strengthen horizontal collaborations agencies, Children’s Trusts were designed and introduced through a top down

processes (Milbourne, 2009) and regulated through vertical relationships geared to deliver central government policies and objectives (Glendinning *et al.*, 2005).

The original date for Children's Trust arrangements to be in place, April 2008, (DfES, 2005), was revised to April 2010 as arrangements were not evenly implemented in local areas (DCSF, 2010). Unclear national definitions of the role, nature, function and purpose of Children's Trusts created confusion locally about expectations and accountability (O'Brien *et al.*, 2006; Ofsted, 2010; The Audit Commission, 2008). Areas where Children's Trusts had been successfully developed were found to have a strong history of strategic level partnership working, effective leadership and inter-agency governance (NECTP, 2007; Ofsted, 2010), similarly to Sure Start Local Programmes Partnership Boards (Allnock *et al.*, 2006). Frost (2009: 55) argues that Children's Trusts were in a first and developmental phase from 2005 to 2009 "with a strong emphasis on structures and policy making" and that the second phase initiated by the death of Baby Peter was "characterised by a stronger regulatory framework, a higher political profile and increasing pressure to deliver improved outcomes in a harsh economic and social environment". The Coalition government withdrew the Children's Trust statutory guidance and Children and Young People's Plan (CYPP) regulations (DCSF, 2010) but retained the duty to cooperate to improve wellbeing. At the time of writing each local authority is still required to have a Children's Trust Board with relevant partner representation and Boards have "the autonomy and flexibility in the way the work" as part of the Coalition's localism agenda (DfE, 2012).

Policy monitoring

The CSM mapping project reported here can be viewed as a small actor in what Power (1999) terms *The Audit Society*, contributing to what Byrne (2011) describes as the 'knowing state'. It

was commissioned as a source of information for central government to monitor delivery against policy implementation objectives (Barber, 2007). James (2004) highlights how, following the election of the Labour government, the core executive sought to improve its capacity to steer and monitor local policy implementation. However, concerns grew about national performance regimes including their tendency to adopt targets based on process and activity rather than outcomes (Seddon, 2008; DH, 2010) and the distortion of behaviours in line with Hood's (2007) aphorism that what is measured is what counts.

The Every Child Matters outcomes framework, which included Public Service Agreement (PSA) targets, was an integral part of the children's services reforms. James (2004: 399-400) argues that the PSA regime was implemented as a 'detector and effector tool' to bring central government (as well as local agencies) within a system wide performance regime. Thus we can see the mapping exercise as a detector of service provision and an effector of local organisational compliance to the existing policy agendas. Byrne (2011) refers to the emergence of policy-based evidence, where research is (selectively) used to justify interventions in the social world over evidence-based policy (evaluating what works). The mapping project's aim was to monitor activity in line with national policy objectives, often highlighting improvements consistent with them (Barnes *et al.*, 2010). However, such top-down approaches to monitoring have been much criticised (e.g. Seddon 2008) for centring activity on satisfying the regime at the expense of the objective it sets out to achieve.

Method

Reforming children's services implies changing services and outcomes for children and young people and assessing such reforms requires measures of change. CSM was a national data

collection project commissioned by the DH and the DCSF (now DfE), conducted annually to monitor progress in implementing the Change for Children programme and to trace shifts in services in line with policy. This was an online data collection that used quantitative closed-response questionnaires based on policy documents and central government guidance. The project was designed to accommodate and reflect the often complex organisational and geographic arrangements for delivering children's services. A standardised set of service and workforce classifications geared to policy objectives was developed. Data were collected at three levels: by categories of service; by commissioner; and at the organisational level. This information could be aggregated at national, regional and local levels.

The Children's Trust questionnaire was introduced in 2008 to collect information on the implementation of Children's Trust arrangements. The questionnaire was developed and structured around Children's Trusts guidance (DCSF, 2008; DCSF, 2009), covering the following areas; child centred outcome led vision, inter-agency governance, integrated strategy and strategic commissioning. Closed response categories were provided on the questionnaire to capture, for example, which agencies were represented on the Children's Trust Board or which service areas had joint commissioning arrangements in place. Local authorities, as a lead partner in Children's Trust arrangements, were asked to complete the questionnaire on behalf of, and in consultation with, their Children's Trust partners. A representative from children's services registered to lead on behalf of the local authority. The funding for the CSM project was discontinued in June 2011 and an archival website, which includes results from the data collection, is available at <http://www.childrensmapping.org.uk/>.

Results

Sub-set of local authorities

Each top-tier local authority in England was registered for the CSM exercise and had online access to the Children's Trust questionnaire. The findings presented in this paper relate to a sub-set of 74 local authorities who provided complete or near complete returns to this questionnaire in the 2008 and 2009 data collections (49% of the 150 English LAs). It is not structured to be a representative sample but the sub-set provides reasonable coverage by local authority type (58% of unitary authorities, 47% of metropolitan district, 39% of London boroughs and 46% of County Councils) and distribution by Government Office region (75% in South West, 55% in North West, 53% in South East, 50% in East, 47% in Yorkshire and the Humber, 44% in East Midlands, 43% in West Midlands, 42% in North East and 39% in London). The results presented below address the implementation of Children's Trust policy as covered in the CSM survey.

Children's Trust Board representation

In both 2008 and 2009 the majority of Children's Trust Boards were chaired by the local authority elected Lead Member for Children (2008 = 56%; 2009 = 54%) and most of the remaining Boards were chaired by the Director of Children's Services (2008 and 2009 = 32%). These findings are consistent with earlier research (NECTP, 2007; The Audit Commission, 2008) and also with Section 10 of the Children Act (2004) which required local authorities to lead in ensuring cooperation arrangements were in place in the local area (DCSF, 2010: 48).

Table 1 presents findings about the agencies placed under a statutory duty to cooperate in Children's Trust arrangements. Many Boards were multiagency and consisted of senior representatives. Involvement from the main statutory partner, the Primary Care Trust

commissioner, was a constant for all but one Children's Trust Board. The police authority was represented on all Children's Trust Boards in 2008 and all but one in 2009. This differs from Children's Trust pathfinder research where police authorities were underrepresented on the Board (O'Brien *et al.*, 2006) and indicates a significant increase in their involvement. There were significant increases from other organisations that were included in the statutory duty to cooperate from April 2010. Jobcentre Plus increased from 36% to 69% and Further Education and Sixth Form colleges from 63% to 91% and schools were represented on 97% of Boards in 2009. A number of agencies moved from the head of organisations representing their agencies on the Board in 2008 to senior officers in 2009.

However, not all organisations under the statutory duty to cooperate were represented on all Boards. Despite increases from 2008, the Probation Board/Service and Jobcentre Plus had the lowest levels of representation in 2009. Earlier research found Probation Boards underrepresented at the strategic level (O'Brien *et al.*, 2006; The Audit Commission, 2008).

Table 1: Agencies with a statutory duty to cooperate and level of representation

Year	2008						2009					
Agency	% on Board	No response to Board question	Org Head/CE	Senior officer	Other	Representation level not stated	% on Board	No response to Board question	Org Head/CE	Senior officer	Other	Representation level not stated
Police	100%	0	40%	55%	5%	1	99%	0	25%	72%	3%	1
PCT commissioner	99%	0	76%	21%	1%	2	99%	0	69%	28%	3%	2
School representation	N/A	N/A	N/A	N/A	N/A	N/A	97%	0	N/A	N/A	N/A	N/A
Further Education and Sixth Form colleges	63%	1	57%	36%	7%	2	91%	0	70%	25%	5%	3
Youth Offending Team	85%	0	27%	67%	7%	3	89%	1	39%	52%	9%	1
PCT provider	85%	1	56%	44%	0%	3	82%	0	38%	59%	3%	3
Jobcentre Plus	36%	2	21%	71%	8%	2	69%	2	17%	83%	0%	4
Probation Board/Service	48%	1	23%	71%	6%	0	58%	1	22%	73%	5%	1
Learning and Skills Council	95%	1	43%	55%	2%	4	N/A	N/A	N/A	N/A	N/A	N/A
Local Connexions Partnership	85%	0	48%	43%	8%	3	N/A	N/A	N/A	N/A	N/A	N/A

Children's Trust Boards were also tasked with ensuring representation from other relevant agencies in the local area. This non-statutory agency involvement could differ depending on local circumstances. All responding Children's Trust Boards had third sector representation in both 2008 and 2009. Private sector representation was very low, albeit increasing from 19% in 2008 to 22% in 2009, as was General Practitioner (GP) representation increasing from 36% in 2008 to 44% in 2009, similar to levels of representation found earlier (O'Brien *et al.*, 2006). Other agencies represented in 2009 included Sure Start Children's Centres (72% - 53/74), the housing sector (63% - 45/72), leisure and cultural services (62% - 44/71), adult services (49% - 36/73), fire and rescue services (49% - 36/73) and faith groups (27% - 20/73).

All 74 Children's Trusts had included the views of children, young people and families in their CYPP in 2008 and had consulted with children, young people, parents and carers in the preparation of the CYPP in 2009, consistent with earlier research (National Foundation for Educational Research, 2006). Guidance suggested that Children's Trust areas might consider children, young people, parents and carers representation on the Children's Trust Board but this was not a statutory requirement and involvement was considerably lower than in the preparation of the CYPP. Board representation of children, young people and families decreased from 51% in 2008 to 44% in 2009.

Joint Strategic Needs Assessments

Local authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) to establish a shared vision of local service needs since April 2008 (DCSF, 2010) and the role of JSNAs is set to increase as part of the strategy for local Health and Wellbeing Boards (DH, 2011). In 2008 93% of Children's Trusts had carried out a JSNA to identify the needs of children, young people and families in their area, increasing to 97% in

2009. Out of the 74 Children's Trusts six did not provide follow-up information in one or both years and are excluded from the analysis below.

There were 31 JSNA components within the questionnaire and there was an increase in the completion of 29 components between 2008 and 2009 with two staying the same. No component had universal coverage across the sample. By 2009, high proportions of Children's Trusts had assessed total child population and age profiles in the area (98%), breastfeeding and sexual behaviour/teenage pregnancy (95%) and ethnic profiles, children living in poverty and healthy weight/obesity (94%). Needs assessments associated with some aspects of health provision were completed by a much smaller proportion of Children's Trusts, although more carried out these assessments in 2009 than 2008. For example, low numbers of Children's Trusts in 2009 carried out needs assessments on the prevalence in children and young people of diabetes (50%), cancer (44%) and infectious diseases (42%). In addition a low proportion of Children's Trust in 2009 undertook joint needs assessments on private provision and use (34%) and voluntary provision and use (39%).

Joint commissioning arrangements

Joint commissioning between Children's Trust relevant partners was part of the duty to cooperate, with the aim of increasing flexibility in the commissioning process. In 2008, 77% of the sample reported a joint commissioning strategy for children's services but this reduced to 73% in 2009. The joint commissioning findings are the only ones where reduced levels of activity were reported in 2009 compared with 2008. Nine of the commissioning areas reported fewer Children's Trusts undertaking joint commissioning in 2009 than in 2008 although there were still high levels of multi-agency service delivery, such as CAMHS, services for disabled children, teenage pregnancy and substance misuse (see also Bachmann *et al.*, 2009; The Audit

Commission, 2008). In line with the JSNA results, health-led service areas were jointly commissioned by a smaller proportion of Children's Trust areas. For example, joint commissioning or pooling of budgets in maternity and palliative care was reported as 22% and 16% respectively in 2009, although maternity was the only area with a higher proportion of Children's Trusts undertaking joint commissioning in 2009.

Table 2: Areas of joint commissioning

Area of joint commissioning	2008	2009	% change between years
CAMHS	91%	84%	-7%
Disability	89%	82%	-7%
Teenage pregnancy	N/A	81%	N/A
Substance misuse	74%	74%	0%
Youth offending	68%	66%	-2%
Looked after children	64%	57%	-7%
Complex and continuing care	58%	50%	-8%
Family support	53%	49%	-4%
Targeted youth support	47%	46%	-1%
Healthy Child Programme	N/A	42%	N/A
Public health/ Inequalities	41%	36%	-5%
Breastfeeding	N/A	34%	N/A
Maternity	19%	22%	3%
Palliative Care	26%	16%	-10%

Discussion

Joint commissioning

Most of the findings presented in this paper indicate increases in the number of Children's Trusts implementing joint and strategic working. In contrast, the number of Children's Trusts with joint commissioning arrangements declined. These findings may mark the start of an increasingly challenging context for establishing and maintaining joint working arrangements. The Children's Trust pathfinder evaluation found evidence of previous financial deficits in the

NHS and local authorities affected the extent of joint commissioning by Children's Trusts (Bachmann *et al.*, 2009. Wistow (2011) argues that concerns over resource allocation have already affected joint working arrangements between health and social care, despite government emphasis on this approach. Hudson (2011: 4-5) identifies the proposed replacement of PCTs by GP clinical commissioning groups as "especially damaging" and weakening the potential for joint commissioning. Findings from Sure Start Local Programme Partnership Boards found that GPs were "the most difficult partner to engage" (Allnock *et al.*, 2006: 32). Financial pressures, shifting policy priorities and organisational restructuring have been identified as having detrimental effects on partnership working and networks (Hudson, 2011; Perkins *et al.*, 2010) as changes "focus organisational attention and resources on internal priorities; eclipse external relationships; and risk disrupting newly established local networks" Glendinning *et al* (2005: 375). The proposed restructuring under the recently approved Health and Social Care Bill (2012) will therefore need to be implemented with care.

The potential function of the CSM exercise to provide an early warning of reductions in activity is worth highlighting here. Frost (2009:52) identified the need for children's services leaders to gather data and intelligence to "guide the deployment and location of resources". Children's services policy makers, local planners, commissioners and service managers could have identified a movement away from joint commissioning and where possible sought to address this at an early stage. Making use of information in this way would both be in line with the government's continued commitment to integrated working and evidence of Children's Trusts fulfilling their function of integrating systems. In a relatively simple way mapping data could have been used for early intervention in the protection and enhancement of joint working.

Statutory and non-statutory representation

The findings give an indication of the interagency arrangements in place across the sample. There were high levels of partnership working amongst prescribed agencies, but statutory requirements for agency involvement on the Children's Trust Boards were not being fulfilled in all areas. There were, however, increases in representation over the two year period, in particular for those covered by the extended statutory duty. The absence of agencies under a statutory duty to be represented on the Board should be a matter of concern, both nationally and locally, raising questions about why certain agencies were not represented in some areas given the retained duty under the Coalition government. Increased diversity, greater autonomy and a shift from centrally driven targets are identified as potentially problematic for partnership working and Davies and Ward (2012: 15) query how the retained duty to cooperate will be met, "particularly as other reforms are increasingly pointing towards greater fragmentation of services". The question is whether the improvements in strategic level partnership working reported here will be maintained under the new administration. It is not possible through this data collection to ascertain whether areas with strong multiagency arrangements had established integration at operational and delivery levels, if strategic level multiagency partnership working had impacted on provision and outcomes or if partners not represented on the Board were involved at other levels within the arrangements (Hudson, 2005a; The Audit Commission, 2008).

Embedding partnerships

The lower levels of agency involvement for those not under a statutory is perhaps not surprising, but is nevertheless illustrative of the difficulties in embedding partnership working. Similarly the JSNA findings point to smaller proportions of Children's Trusts were joining up

their needs assessments for services that were the prime focus of one agency or that operate from outside the statutory sector. At the strategic level this could indicate difficulties embedding partnership working, given the concerns raised in the literature, and this does not bode well for horizontal integration. Of particular interest, given the Coalition Government's emphases on developing markets were the low levels of private sector representation on the Children's Trust Board and JSNAs of private sector provision and use. The low GP representation on Children's Trust Boards is significant in relation to the lead role the Government wishes GPs to undertake in local commissioning and ensuring children and young people's needs receive attention in the new arrangements. A strong national steer and a great deal of local commitment are required to embed partnership working.

Mapping method

The results indicate how many Children's Trusts areas had implemented aspects of strategic arrangements and differences in implementation of key aspects of partnership working. The mapping method was well placed for collecting basic quantifiable data about policy implementation and the data provides an overview that can raise questions for further exploration to explore through perhaps through different methods.

It is important to know how to read survey data and CSM is no exception. If we look at the example of JSNAs, mapping was used to record whether Children's Trusts carried out JSNAs, and if so, in which policy areas. Hudson (2011: 3) notes there is little evidence that JSNAs have resulted in effective joint commissioning or that joint commissioning has had widespread achievements despite interest in the latter since the 1990s. Here lies a criticism of CSM. Mapping data cannot be used to gauge the effectiveness of having JSNAs in place, instead it fulfilled the function of policy-based evidence (Byrne, 2011). The data collection was a tick box

survey that reinforced policy goals and aspirations at the strategic level. In monitoring the presence or absence of integrated working without measuring the impact of these arrangements the mapping project was contributing to what Wistow (2011) describes as the treatment of integration as an end in itself, independent of their impact on outcomes.

This paper raises questions about the purposes and uses that central government attaches to a policy monitoring exercise. Concrete policy objectives and guidelines are essential for both implementation and monitoring and this needs to be considered in the policy making process. However, the Labour administration's top-down implementation of Children's Trusts was coupled with guidance emphasising discretion and flexibility in some elements of local strategic arrangements. As a result, local authorities and partners found the guidance unclear and confusing and this was attributed to their uneven implementation (DCSF, 2010; O'Brien *et al.*, 2006; Ofsted, 2010; The Audit Commission, 2008). This is also problematic in relation to a data collection aiming to collect meaningful information to monitor the implementation of national policy guidance. While the Coalition government's position on the importance of partnerships is similar to Labour's in some ways there is even greater emphasis on local arrangements as well as reduced central bureaucracy and prescription as part of their localism agenda. This agenda weakens the case for national data collection and the ability to monitor the spread and equity of provision outside of central government's core or priority areas.

The decision to discontinue the CSM project was taken in June 2010 influenced by a review into the project's future commissioned under the Labour administration. At the time of writing nothing has replaced this annual audit. The mapping project, as with many of the public services it was tasked with monitoring, was hit by increasingly austere times and an accompanying drive for *Value for Money*. There are two parallel arguments as to why the

mapping was no longer required in 2010. Firstly, the use of this type of survey needs to be significantly enhanced in order to cover the direct and indirect costs of the collection.

Secondly, the challenge for a routine national data collection, that is commissioned to provide policy based evidence, to survive when the messages it presents no longer contribute to a story of expansion in public services. When a state funded data collection shows downward trends in policy implementation it is likely to be jettisoned if it is not sufficiently embedded within the practices and uses of its stakeholders. We argue that the value of mapping can be seen in its absence, particularly in a time of public sector cuts, where there is perhaps a greater need to know what services are provided and for whom.

Conclusion

Children's Trusts were central to the whole system integration agenda for children's services but the results presented here indicate that not all local authority areas in the sub-set had strategic arrangements in place. The data shows that not all agencies were involved in Children's Trust partnerships and even signs of a reversal in progress in some aspects of partnership working. This raises questions about the future of multi-agency working in children's services.

The data reported shows early signs of the challenges facing joint working in children's services in terms of the movement away from joint commissioning. These findings, when accompanied by the acknowledged difficulties in embedding partnership cultures and the programme of austerity in public services, would suggest that there is an increasingly challenging environment for establishing effective joint working. The mapping project could have

continued to record the agencies involved on an annual basis to look at changes in representation over time. Data presented here would have been useful at a national level in the current climate of public sector cuts to provide an understanding of changes in engagement and joint commissioning. Thus our findings suggest that as early as 2009 interagency commissioning had experienced a dip. While we lack subsequent data, it is significant that much debate on the recent Health and Social Care Act has centred on the preparedness to take on their expected commissioning role and the impact of the new arrangements on the continuity of joint commissioning arrangements (see the NHS Future Forum, 2012).

To realise the potential of a national data collection, such as children's services mapping, we argue that the collection needs to be embedded at national, regional and local levels. Such an undertaking requires political will, clear objectives and the capacity of organisations to participate fully in the collection and use of the data. The project was originally established as a top-down initiative and as a result the use of data at the local level was never fully realised. Over time the need to define and provide a local use for data became more important, yet there was a large gap between central policy directives and local applications of the findings. Indeed, the vertical/horizontal government paradox highlighted by Glendinning *et al* (2005) can be extended into the methods chosen for monitoring policy implementation. We argue that the purposes of mapping became more complex as the scope of the project grew. At the point where the project grew in complexity there was a decrease in government interest in the project, coinciding with an expected retraction in the public services mapping was tasked with monitoring.

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